REPORT ON

WOMEN: MIDLIFE AND BEYOND

PROVINCIAL CONFERENCE

ON WOMEN AND AGING

OCTOBER 18 & 19, 1989

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The Manitoba Council on Aging
and the
Manitoba Women's Directorate
gratefully acknowledge the
assistance of

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Age and Opportunity Centre
and the
Planning Advisory Committee
(listed in Appendix 1)

and the Conference Funders:
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1.0 INTRODUCTION

On October 19, 1989, the Manitoba Council on Aging, and the Manitoba Women's Directorate jointly sponsored a provincial Conference on economic and health issues of concern to older Manitoba women. The Conference was offered to representatives of organizations and individual women 55 years of age and over. Delegates were asked to hold initial discussions with other women in their organizations/groups/ communities and bring the concerns of their constituents to the Conference. In this way, it was felt that many women would be heard, though not all were able to attend the Conference. Over 300 organizations and individuals received invitations to select a delegate to represent their group or community.

Fifty women registered for the Conference. Twenty-seven of the women who attended were from outside of Winnipeg; sixteen were from Winnipeg. Professional service providers, academics and government staff were not eligible to attend as delegates, but approximately twenty were present as observers. Organizations that were unable to send a representative to the Conference were invited to send written submissions for inclusion in the Conference report. (See Appendix 1 for a list of delegates and Observers.)

Conference Goals:

- provide a forum for women to discuss issues of concern to them as they grow older;
- address, in particular, issues pertaining to economic security and health;
- attract a wide representation of rural and urban women from various cultural and socio-economic groups in the province;
- provide an opportunity for older women to engage in "networking" and achieve a feeling of involvement in the process of giving and receiving information;
- identify areas of opportunity for government to adapt its programs and policies to meet the needs of older women;
- identify areas of opportunity for local women's organizations and for individual women to take action to address their own problems.

Conference Process:

The Conference Planning Committee identified the issues to be discussed at the Conference. A series of questions were then developed which would address each of the issues. In preparation for the Conference, delegates were provided with these questions which were to be used as a guide to focus group discussions prior to the Conference (See Appendix 3).

Prepared with the information from their communities and organizations, Conference delegates were divided into four discussion groups, each with a Discussion Leader and Recorder. The "breakout groups" were followed by a Plenary session at which the four Discussion Leaders formed a panel. Under the direction of the Conference Chairperson, they responded to questions pertaining to the issues and solutions discussed in their respective groups. The topics were dealt with separately, one in the morning, the other in the afternoon. The issues addressed at the Conference were:

Economic Self-Sufficiency

Issue 1- Meaning of Economic Self-Sufficiency;
Issue 2- Access to Sufficient Income;
Issue 3- Knowledge of Entitlement to Income;
Issue 4- Needs for Feeling Self-Sufficient.

Health

Issue 1- Responsibility for One's Own Well-Being;
Issue 2- Knowledge About One's Own Body and Its Functions;
Issue 3- Support Systems (Personal, Family, Friends, etc.);
Issue 4- Accessibility and Appropriateness of Health Care and Supportive Services.

The following questions related to these economic self-sufficiency and health issues were used to focus the discussion in the Conference breakout groups:

> The term "Economic Self-Sufficiency" refers to the means of living - being able to earn, to use and to have enough income. Questions for discussion and for identifying solutions are:
>
> 1. What does economic independence mean to you?
> 2. Do you have sufficient and secure income?
> 3. Do you know what financial resources are available to you?
> 4. What kinds of things limit you from feeling economically independent?
>
> The term "Health" means more than "not being ill". It is a state of complete physical, mental and social well-being. Questions for discussion and for identifying solutions are:
>
> 1. What does "taking care of your own health" mean to you?
> 2. Do you understand your body and how it is aging?
> 3. Is there someone you feel close to, such as family, friends, neighbours, that you can call on for help?
> 4. Are you called on to help others?
> 5. Are there health services that you can use and that you feel comfortable with?

This report presents the outcome of the Conference: section two summarizes the concerns and solutions discussed by the delegates and section three evaluates the success of the Conference in relation to each of the stated goals.

2.0 SUMMARY OF THE DISCUSSION

The following summarizes the concerns discussed at the conference. Information from submissions sent by groups not represented at the Conference, is integrated in the summary. The section is organized by each of the questions used to focus the discussion groups at the Conference. Following the summary of points upon which there was consensus among participants is a brief comment on the discussion.

2.1 Economic Self-Sufficiency - Issues

MEANING OF ECONOMIC INDEPENDENCE

Participants' Concerns:

- There was not a universal definition of economic self-sufficiency. To some, it meant being able to maintain the same lifestyle they were used to. Several said it was "not having to ask for handouts and to live comfortably." To others it meant being able to have the money and do the things they had postponed when they were working and/or raising a family. A few said it meant the ability to do something "frivolous", to go on a holiday, or "doing something nice for somebody else". Many anecdotes were shared. One delegate said she was "one man away from poverty. If it wasn't for my husband, I would be a bag lady". Another delegate said she knew some women so poor that they cook potatoes and freeze them so they don't have to use electricity every day.

- Some participants suggested that poverty is an objective state, but it can also be described in subjective terms. There is real poverty (i.e., people with incomes below the poverty line) and there is the perception of poverty that causes some individuals with adequate financial resources to be reluctant to spend money. For example, some people who went through the Great Depression have a fear of poverty. This fear leads them to deprive themselves in such areas as proper nourishment, foot care, and other related needs, regardless of how adequate their financial resources are.

- Participants recognized that the poverty line differs depending upon where one lives (rural-urban differences). The cost of living, in general, is perceived to be lower in rural areas but there are considerably fewer services for rural residents. To some, independence means getting along satisfactorily on what one has, but to many women, economic independence does not only mean having money. It also means having access to services, communication, or availability of information.

- There is a need to respect people's individuality - that is, helping those who need help, but also encouraging independence when individuals are managing on their own.

- Independence is also associated with dignity. Government financial assistance is often seen as welfare and there is a stigma associated with it. Thus, for many 50 to 64 year old women, having to personally register for supplementary payments is degrading. Delegates felt women should not have to ask for handouts to live comfortably.

Comments:

There was a variety of responses from participants who attempted to define economic independence. Their definitions generally included not only a need for sufficient income and financial security, but also comfort, dignity, and the ability to make choices. For many women, poverty seems to begin between the ages of 50 to 64 when they suddenly find themselves alone, with no employment or income security.

There was an assumption among many of the participants, that rural living is less costly than living in the city. However, there was also agreement that there is a paucity of health and social services available for seniors outside regional centres. Therefore, the cost of living for older rural residents may actually be higher if they are compelled to travel long distances to obtain these services.

INCOME SUFFICIENCY AND SECURITY

Participants' Concerns:

- Delegates asserted that insufficient income and inadequate income security programs for women in their earlier years lay the foundation for poverty in later years.

- Pension policies are believed to discriminate against women in the following ways:

  . Because homemakers are not considered to be workers, they are not allowed to contribute to the Canada Pension Plan, and consequently, do not qualify for retirement pensions.

  . The Survivors' Pension under CPP (Widows' Pension) is smaller than the benefits the widow's husband would have received as retirement pension had he lived.

  . Because women's wages are low, those who are covered by employment related pensions receive inadequate pension benefits.

  . Many private pensions are not indexed to rises in the cost of living, and there is a fear that benefits will dwindle and offer little financial security.

- Women who are perceived to be the most disadvantaged group are in the 50 to 64 age group. These women are below pensionable age. If they become divorced or widowed, they may be ill-prepared to be self supporting.

- It was pointed out that disabled women below pensionable age are greatly disadvantaged, particularly if they are divorced or single.

Comments:

National Council on Welfare data indicate that more than three-quarters of women over the age of 65 are poor, compared to about one-third of men over 65. Conference delegates, representative of the age cohorts who did not usually work outside the home after marriage, had no difficulty in identifying the causes of poverty of today's older women as related to low income, or no income in their younger years. Women who stay home to raise families often choose part-time work and, consequently, have less job protection, earn fewer benefits and receive lower pensions.

Delegates also identified systemic discrimination in the pension system that will continue to affect women. Especially affected are those who choose to spend a portion of their lives out of the labour force, those who are disabled, and those who lose the financial support of a husband upon whom they have been dependent.

AVAILABILITY OF FINANCIAL RESOURCES/LIMITATIONS TO ECONOMIC INDEPENDENCE

Participants' Concerns:

- Social independence is related to financial independence. For example, having bank accounts (going out to the bank) and credit cards (shopping and dining with friends) were seen as contributing to being able to interact socially on one's own terms.

- Immigrant women are not eligible for Old Age Security until they have lived in Canada for ten years. The older women who are not eligible for OAS must rely on family or find jobs to survive. Isolation is a problem for women and many older immigrant women were reported as being abused. Immigrant women also face language barriers in getting the information necessary to achieve financial independence. The onus is on the individual to contact Immigration if she has a question, the assumption being that she knows what questions to ask. Inability to speak on the phone or being easily intimidated by officials are additional barriers.

- Most Native seniors have no Canada Pension or private pension income because of the kind of work they were involved in (i.e., seasonal, temporary or project-based). Even their basic needs are often not met.

- There is a social and structural failure to recognize the contributions made by women who have been homemakers. Child care cannot be claimed by husbands as an income tax deduction if it is being performed by the child's mother. Hence, husbands can pay wives for work done outside the home, but not for work done in the home.

- For women who are in receipt of social assistance, there are no rewards in using one's own initiative to earn extra money and, in fact, there is a disincentive because benefits are often reduced. Women who are on welfare can not plan for their retirement because if they can save money, their welfare benefits are reduced.

- There was a perception among the participants that there is a lack of subsidized housing available to older women to enable them to maintain a household and remain independent.

- Often there are funds and programs available of which women are unaware but for which they are eligible. For example, it was reported that some women do not know they must apply every year in December for the Guaranteed Income Supplement. The new Information Line provided by the Senior's Directorate is an excellent resource, but concern was expressed that often seniors do not know what questions to ask. It was suggested that what is missing is a listing of the services/resources that are available.

- Lack of transportation is a major problem for seniors in some rural areas. The cost of operating a taxi in a small community is prohibitive so many communities do not have this service. Some women said if they were not able to drive a car they could not consider themselves self-sufficient, even if they had enough money. In small towns, or farming districts, a woman alone is greatly handicapped if she is unable to drive a car since she must rely on family or friends for transportation.

Comments:

There are many forms of economic discrimination that affect women, but Native and Immigrant women are subject to additional educational, cultural and language barriers. These factors exacerbate the problems encountered in accessing information and services. Many of these women are living far below a minimally accepted standard.

Participants perceived that there is a shortage of Elderly Persons Housing, and it is assumed that this is related to the type and design of housing available. The units available for Manitoba seniors consist predominantly of bachelor and some one-bedroom apartments. For many women who have lived in a single detached home, the transition to smaller accommodation is difficult, and bachelor units are especially unpopular. Consequently, there is an abundance of bachelor units available in Winnipeg and rural Manitoba. (As of Sept. 1989, of a total of 2,611 public housing units in Winnipeg, 260 were vacant, and of 2,274 sponsor-managed units, 98 were vacant. In rural Manitoba there were 103 vacancies in public and sponsor-managed projects.)

Similarly, a number of respondents were of the opinion that mobility is more restricted in rural areas, with Handi-Vans being nonexistent in some areas and too expensive in others. In spite of the fact that approximately 38 rural communities operate Handi-Vans and the cost of the service ranges from $1.50 to $8.00 (return fare), depending on the location.

This discussion of the resources available to support women's economic self-sufficiency revealed that even this group of well-informed and intelligent women were unaware of, or had partial knowledge of many of the resources available to older women. This raises questions about the way in which information is disseminated by government programs.

2.2 Economic Self-Sufficiency - Solutions Proposed by Delegates

The following solutions were identified by Conference Delegates as areas of opportunity for local community groups of women and individual women to take action to address their own problems of economic self-sufficiency. They also identified areas of opportunity for government to adapt its programs and policies to meet the economic needs of older women.

For Women's Groups and Individual Women:

- Participants felt that women need to take control of their lives. This will require an educational process to change women's attitudes. The consciousness of women must be raised and it is essential to encourage women to plan earlier in their lives. There is a role for women collectively as well as individually to become involved in this process.

- Delegates agreed that women should make themselves more knowledgeable about financial planning and investments. There is a need for better access to information on types of financial resources that are available in the community.

- Men must be educated about the need to share financial information and financial responsibilities with their wives. Money should be invested in a Spousal Registered Retirement Savings Plan for women who are homemakers.

- Older women who have information on services/resources should share it with other seniors, especially with women who are hard to reach. This can be achieved by outreach programs and seniors networking.

- Women should actively support affirmative action and pay equity programs.

- A creative solution offered to address the day care issue as well as compensating seniors for their work is to "pay Grandma".

For Government:

- Outreach programs are required to communicate with the women who are hard to reach through conventional information services. Personal contact in the home is necessary to help women gain access to information, programs, or funds that may be available to assist them. They must be given the means with which to change their lives if they wish to.

- Canada Employment and Immigration Commission should be proactive in ensuring that new citizens are informed of available services.

- There is a mutual responsibility for society and for the individual to look for solutions to expand opportunities for older women by: ensuring skills through education and job retraining, change of laws regarding pensions for homemakers, and improving the availability of legal and financial services.

- Homemakers should be able to participate in Canada Pension Plan.

- Participants agreed that a seniors' resource line is needed in small towns to provide accurate information and support. Many were not aware of the toll free services offered by the Manitoba Seniors' Directorate.

- The issue of affordable transportation in rural areas must be addressed. Town Councils/Municipalities could be approached for assistance in obtaining a transportation service (Handi-Van) and the Department of Highways can be approached for matching grants.

- The perception of insufficient housing must be addressed. There is a need to investigate the extent to which available housing is deficient in size, design, or other features for women who no longer want the responsibility of maintaining their own residence, but do not regard a bachelor apartment as a viable alternative. Appropriate housing offering safety and services for seniors must be provided.

- The label and the concept of "welfare" or "social assistance" must be redefined (and re-named) to remove the stigma and be replaced with an emphasis on entitlement.

2.3 Health - Issues

MEANING OF "TAKING CARE OF ONE'S OWN HEALTH"

Participants' Concerns:

- Respondents felt the definition of health includes lifestyle and personal safety.

- Taking care of one's health involves an holistic approach in which social, psychological, physical, economic, and spiritual needs must all be met.

- Traditionally, doctors were responsible for the health of their patients. Now there is an emphasis on self-care which involves maintaining control of one's own health and becoming well-informed about self-care.

- Overmedication is a problem for which individuals must accept responsibility. Women are responsible for advising physicians of the medication they are taking, including over-the-counter remedies.

- Economic security is important to health. If women cannot afford to socialize and to eat properly, their health is at risk.

Comments:

There was a wide variety of responses from women who attempted to define what it means to take care of one's own health. Generally the concept of an holistic approach to health was popular and the trend toward "self-care" received much support. However, attitudes throughout the health care system regarding individual responsibility for health need to change, as do the beliefs of women that health care is the physicians' responsibility. This will only come about with extensive education.

ABILITY TO UNDERSTAND ONE'S BODY AND THE AGING PROCESS

Participants' Concerns:

- Delegates emphasized their concern that aging not be seen as a disease. They felt that individuals need help to understand what is "normal" for them and that an increase in understanding of bodily changes would decrease the reliance on others (i.e., the medical profession).

- Women spoke of the most common problems they believed were associated with aging. These included Arthritis, Osteoporosis, Diabetes, high blood pressure, and "stomach problems". The most common health worries mentioned by respondents were Cancer and Alzheimer's Disease.

Comments:

Participants stressed the importance for older women of a good understanding of bodily changes related to aging. Current information and education on diseases such as osteoporosis, which affects one out of four older women, is not sufficiently widely disseminated. As well, preventive information is important for younger women to consider if they are to avoid such ailments.

AVAILABILITY OF CLOSE FAMILY, FRIENDS, NEIGHBOURS WHEN HELP IS NEEDED/EXTENT TO WHICH SENIORS ARE CALLED ON TO HELP OTHERS

Participants' Concerns:

- Many participants felt that loneliness is the most debilitating problem. One can be out all day but still have to go home alone at night. There seemed to be a feeling that "aloneness" is worse in the city because there are more strangers than in small rural settings.

- The "Meals on Wheels" service does not provide a "sociability" component for seniors. So although meals are provided, this is not always a satisfactory solution for seniors who are alone.

- Adult children were reported to sometimes show insensitivity because they insist their parents need "better" care. At times it is wise to leave parents alone if they are coping adequately. People struggling to be independent should be given encouragement.

- There is an expectation for women to be caregivers. Sometimes adherence tradition prevents women from making choices and they continue to do what has always been expected of them, regardless of their state of health. Many older women continue to provide care for others, but are motivated by guilt rather than choice. This was thought to be very stressful for them.

- Many senior women who are alone feel they have no one upon whom they can count. Others will avoid calling on someone because they do not want to impose on others.

Comments:

After spending their early years tending to the needs of their families, older women who need care themselves often do not receive it. Although it is important to listen to the older person define her needs and to take direction from her, it is sometimes difficult to provide care for an individual who has been the primary caregiver for a family. Respect for independence may conflict with a need for assistance and protection.

AVAILABILITY OF SUITABLE HEALTH SERVICES

Participants' Concerns:

- Remoteness from major hospitals and specialists was thought to be a problem in rural areas since it may be necessary to hire someone to drive the patient to a large centre. Often, appointments are at times when it is not possible to travel back and forth by bus and sometimes appointments are cancelled by doctors with little notice. In cases of serious illness, the cost of an ambulance is very high because of the long distances. It was felt that doctors and staff in the cities do not appear to realize the distances rural patients must travel for their appointments. Most rural delegates agreed that transportation service at reasonable cost is the greatest need in many rural communities.

- When doctors do not stay for long periods in small communities, it becomes impossible to develop a relationship with a doctor. As a result, there is no personal "history" and the doctor is unlikely to know what medications the patient is taking, including antacids, laxatives, and other over-the-counter remedies. Most participants said they wanted to have a regular doctor who would know their needs. Frequent changes of doctors means having to repeat the same information, and sometimes doctors are too busy to listen. Many respondents indicated a preference for female physicians. They are seen as "more understanding". As well, there are not enough physicians trained in geriatrics.

- Requesting a second opinion is not always possible in rural communities. When there is dissatisfaction with a diagnosis or treatment there is often no alternative in smaller communities.

- There is often a reluctance to rely on services other than those provided by family and friends. Sometimes services are refused because the senior is too proud to accept help.

- Some seniors neglect their health because they are unable or unwilling to pay high prices for prescription drugs, foot care and dental care.

- Delegates felt that there is inadequate coordination of health services for seniors, and little sharing of information. They described the services as fragmented, saying there needs to be better coordination by the agencies and better information on how to access services.

- Dental services are needed in small communities.

- Home Care services were criticized. It was reported that workers are not allowed to do some things which are necessary for comfort and independent living in one's own home. For example, the Service is responsible for ensuring safe baths for clients, but not for washing bathtubs. In many cases, delegates felt service is not properly supervised. They also agreed there are not enough homemakers to provide cleaning services.

- There is a lack of respect shown for the older woman by workers in the health care and social work fields (e.g., referring to clients by their first names, or being patronizing).

- Sometimes doctors dismiss chronic pain because they stereotype older people as complainers. Alternately, they often overmedicate, and may prescribe drugs without knowing whether they can be tolerated by the patients.

- Speech therapy for post-stroke patients is practically non-existent, especially for rural residents.

Comments:

There was a high degree of concern and frustration revealed in this workshop regarding the delivery of health care services and relationship with health care professionals. Problems associated with access to high quality specialized service, especially in rural areas, appear to be exacerbated by contact with some professionals who are not sufficiently well-informed and/or sensitive to the special needs of elderly persons, and to the practical problems that they must address in order to gain access to service.

While coordination of services and gaps in services are valid concerns, the opinions expressed by participants raise additional questions regarding the way in which information about services and policies about services delivery are conveyed to people. How are older persons being helped to understand the network of health care services, who is eligible and how they work? Has the system become too complex for traditional information dissemination to be of use?

2.4 Health - Solutions Proposed by Delegates

The following solutions were identified by Conference Delegates as areas of opportunity for local community groups of women and individual women to take action to address their own health concerns. They also identified areas of opportunity for government to adapt its programs and policies to meet the health needs of older women.

For Women's Groups and Individual Women:

- It should be the responsibility of all women to educate themselves on the types of drugs they take and to find out how these drugs interact with each other. Women ultimately must be in control of their health and well being. In order to accomplish this, they must ask the questions that will enable them to take responsibility. If necessary, they should have their questions written when they visit their doctors.

- Women need more information on the aging process to become better able to ask questions about themselves.

- To overcome loneliness, "congregate meals" are suggested where one individual is hired to coordinate the preparation of meals for seniors who wish have meals together. Grants are available to community groups who wish to initiate this service through the Provincial Services to Seniors Program.

- Senior's cooperatives should be developed throughout Manitoba (employing seniors to help seniors) to undertake tasks such as shopping, cooking, and other like duties.

- In order to improve the health of older women, preventive measures need to be taken when women are younger. The impact of preventive programs such as awareness of proper nutrition, exercise, and avoiding smoking is already being realized.

For Government and the Health Care System:

- Foot care, hearing aids, dentures, eye glasses and all prescriptions should be included in insured medical coverage.

- More information should be available to patients to describe reactions and side effects of drugs including over the counter remedies. Regular review of medication by physicians is needed.

- Doctors need to be encouraged to become better informed about the effects of drugs, and chemicals (including those found in coloured toilet paper and Kleenex). It is important for doctors to take time to provide this knowledge to patients.

- There is a need for language interpreters in major caregiver areas. Language and cultural needs of new Canadians must be acknowledged and met.

- Those working with seniors need to be trained to understand the special needs of older women, whether they are homemakers, working in personal care homes, or involved in recreation activities.

- Home Care Services should be evaluated to improve the service and raise standards.

- Services for rural women, which include transportation, home care, dental and medical services, need to be improved.

- More services are required to assist caregivers. There is a need to provide respite services, nursing care, day care programs, transportation, and other kinds of support for family members who care for parents or spouses in the home. Services should address the emotional as well as practical needs, as caregiving can arouse feelings of guilt and often creates stress.

- There is a need for research on the effects of diet on diseases which are commonly associated with aging. Results of the most current research should be transmitted on an ongoing basis to those at risk.

- A senior's advocate, who would act specifically on behalf of seniors, was seen as a valuable service and the idea of having an Ombudsman appointed for seniors was popular among delegates.

3.0 THE EVALUATION

The Conference proved to be an effective mechanism for fulfilling the Planning Committee's six goals. The intent of the Conference was to provide a forum for women to discuss issues of concern to them as they grow older, and in particular, to focus on the topics of Economic Security and Health.

According to the evaluation forms (Appendix 5) completed by the women, this goal was achieved (See Tables 1 - 3 below). Most of the delegates expressed satisfaction with the event and indicated that it provided an opportunity for them to meet other women, to share with, and to learn from each other. The women also indicated that they felt involved in the process of giving and receiving information.

TABLE 1
ECONOMIC SELF-SUFFICIENCY
(Number of Responses)

	SATISFACTION OF DELEGATES		
	NEGATIVE	NEUTRAL	POSITIVE
Able to express concerns	0	2	40
Learned about concerns of others	0	6	36
Assisted in finding solutions	0	12	29

TABLE 2
HEALTH
(Number of Responses)

	SATISFACTION OF DELEGATES		
	NEGATIVE	NEUTRAL	POSITIVE
Able to express concerns	1	4	34
Learned about concerns of others	0	3	38
Assisted in finding solutions	2	12	27

TABLE 3
OTHER GOALS
(Number of Responses)

	SATISFACTION OF DELEGATES		
	NEGATIVE	NEUTRAL	POSITIVE
Opportunity to meet other women	0	4	38
Feeling involved	1	4	36

There were many valuable insights presented by delegates on behalf of their constituents and creative solutions were proposed, many of which can serve as directives for the sponsor organizations. As well as identifying some areas of opportunity for government to adapt its programs and policies to meet the needs of older women, delegates also identified areas of opportunity for local groups of women and individual women to take action to address their own problems. The Conference brought together women, many of whom had never met, and who might otherwise have not had an opportunity to share their understanding of the concerns of older women.

An important goal of the Conference was to attract a wide representation of rural and urban women from various cultural and socio-economic groups in the province. The Conference attracted a fair representation of rural women, but there were fewer urban applicants than expected. It was extremely difficult to recruit delegates from the Native, Immigrant and disadvantaged socio-economic groups and although there was representation, it was minimal. The limited input from these groups is an important factor to consider when the findings of this Conference are reviewed. The reluctance of these groups to participate is also an issue that must be addressed when planning future similar events.

In summary, the goals of bringing older women together to discuss issues of concern to them and to identify solutions were accomplished. The discussions on the topics of economic independence and health focused on the subjective experiences of older women, and it was discovered that, though there was some variability, there was a high degree of concurrence in their perceptions. The information presented in this report reflects the most common themes extracted from the sessions as they relate to the issues that were originally identified for the Conference.

APPENDIX 1

List of Delegates, Observers, Conference Planners

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Westman

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Westman...continued

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Observers

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Dr. Connie Becker	-	Director Maternal and Child Health Directorate Manitoba Health
Ora Zabloski	-	Director Office of Continuing Care Manitoba Health
Margaret Barbour	-	Assistant Director Office of Continuing Care Manitoba Health
Margaret Redston	-	Acting Director Long Term Care Programs Manitoba Health Services Commission
Kathy Yurkowski	-	Executive Director Manitoba Seniors' Directorate
Anna Maria Konopelney	-	Policy Analyst Policy Management Secretariate Government of Manitoba
Claire Miville	-	Program Consultant Seniors' Secretariat Health and Welfare Canada
Esther Korchynski	-	Acting Regional Manager Seniors Independence Program Social Service Programs Branch Health and Welfare Canada
Patricia Kaufert	-	University of Manitoba Faculty of Medicine Board of Directors, Women's Health Clinic Inc.

Members of the Manitoba Council on Aging

Marguerite Chown	-	Winnipeg
Edith Earley	-	Erickson
Gaye Selby	-	Winnipeg
Gertrude Playter	-	Thompson
Mary Kraigsley	-	Winnipeg
Margaret Burnett	-	Carman
Dorothy Minish	-	Swan River
Helen Willison	-	Winnipeg

Conference Planners

Chairperson - Diane DeGraves
Program Coordinator
Manitoba Council on Aging

Sponsors Planning Committee

Dorothy Hill	- Manitoba Women's Directorate
Agnes MacDonald	- Manitoba Council on Aging
Dorothy Hardy	- Age and Opportunity Centre

Planning Advisory Committee

Linda Thompson	- Immigrant Women's Association
Jean Carson	- Creative Retirement Manitoba
Wendy Brown	- Manitoba Action Committee on the Status of Women
Carol Robertson	- Manitoba Society of Seniors
Jennifer Cooper	- Women's Heath Clinic
Dorothy Body	- Manitoba Indian Nurses Association
Betje Jacobs	- Manitoba Action Committee on the Status of Women
Gwen Parker	- Manitoba Women's Institute
Irene Grant	- Manitoba Women's Institute
Kathy Yurkowksi	- Manitoba Seniors' Directorate
Cate Harrington	- Health Promotion Directorate Health and Welfare Canada
Olga Foltz	- Manitoba Anti Poverty Organization
Margaret McIntyre	- Indian and Metis Friendship Centre
Lena Spence	- Indian and Metis Friendship Centre

Conference Evaluation and Report - Rita Gunn
Prairie Research Associates

APPENDIX 2

Keynote Address

KEYNOTE ADDRESS

WOMEN: MIDLIFE AND BEYOND

YHETTA GOLD

I find it stimulating to be able to be a participant with you in addressing the goals which you have outlined for this conference. You, as individuals and as representatives of organizations which have expressed concern about the financial self-sufficiency and well-being of older women, have a heavy agenda for today and for the future.

You come to this conference representative of the Manitoba-mix. You are different from each other, and have differing perspectives on the issues to be discussed today. You each are unique to a particular point of view, representing urban, rural, varying ethnic groups, xx socio-economic experiences, and will bring different approaches to resolving the concerns which you identify as issues.

You, of course, recognize that the discussion today will affect you personally and the organizations which you represent, and that there is a built-in responsibility for you to take the information, and the "message" included in the information, back to your various memberships and environments, to inform, educate, stimulate, and activate those on whom you have influence.

When you are brought together to discuss such basic topics as finances, money, and health, there can be no doubt that there is an expectation that you will work toward some action, some action which can benefit you and in the long-run, benefit those women who are aging along with you, or are right behind you.

In discussing women in this context, it is important to accept the fact that women have a significantly different experience than men in contending with finances and, to a lesser degree, with health. There are many more similarities in health concerns, at a superficial glance, and we must regard "women's traditional roles" which play a part in health issues as well as in finances. Women have special concerns and this is a forum in which you have the opportunity to talk about them.

The goals of this conference are clearly designed for actions. The meeting of Manitoba women, 55 years of age and older, to identify health and financial security concerns which you are or will be experiencing, with a view to seeking resolution, is an appropriate arena for action-oriented results.

But, before we look at results, lets spend a little time identifying the circumstances of today, in which you are living (and aging) and in which you are expected to seek solutions. These current circumstances have both strengths and weaknesses, and the need to prepare and protect oneself will become more, and more obvious as the day proceeds.
I want to spend my time with you providing some data (I promise, not much), just enough so that the discussion can be in context, outlining some of the opportunities and programs which exist both in Manitoba, and across Canada, and suggesting some resolutions.

Before we focus in on the two major topics, it is important to recognize that other topics are related to these two, and that, though not on today's agenda, they will undoubtedly come into your talks today. They cannot be ignored because they affect or are affected by both finances

and health. We can add housing, transportation, community support systems, families, volunteer networks, accessibility, visibility and availability of services, the awareness, sensitivity and appropriateness of workers, language and cultural compatibility, community resources available to meet needs, and the strength or power that is assumed by you, individually or organizationally, in addressing your own concerns. All of these, and more which I am sure you can add, are relevant to finances and health, and bear upon your discussions.

But...
Firstly, who are older Manitoban women? They are you, sitting here, and your friends and associates. They are the members of the organizations which you represent. They are also those who are not here today. Those who may, for many reasons, including finances and health, be unable to attend such functions.

Let me state some fact:

- In 1986, there were 196,210 persons in Manitoba who were between 45 and 64 years of age. This represented 18.5% of the population. There were 133,885 over 65 years, and that was 12.6% of the population.

- In 1986, 57.4% of Manitobans over 65 years were women, 60% lived in urban areas, with 60.2% in Winnipeg, and 49.4% in rural areas.

- In 1986, 42.7% of unattached seniors had incomes below the poverty line in Canada, and 9.5% of families, headed by seniors, were in poverty.

- One in five elderly Canadian lives below the poverty line. Three out of four are women.

- In 1985, 57.3% of all women aged 20 to 64 were employed outside their homes. In the labour force, as a group, women experience continuing inequities in compensation, the provision of private pensions, insurance and other benefits.

- In 1989, it was reported that women's average incomes were 59.9% of men's.

- The "feminization of poverty" has become an accepted name for the fact that, in 1989, 35.1% of low-income families were headed by women.

- Women are much more likely than men to have part-time jobs, and to be paid minimum wage. Those who work full-time, average earnings that are two-thirds of the income paid to men. About 73% of the part-time labour force in Manitoba is women. In 1989, in Manitoba, 58% of the women working were doing clerical, service or sales work. Another 23% were in teaching, medical-health, and social service occupations.
- Women are most likely to be expected to look after the health needs and care of families. There is an expectation that women will be care givers, to children, husbands, mothers, fathers, in-laws, and so on... through the whole family description.

- Both men and women are living longer, women still longer than men.

- Some 20% of women over 70 years of age exercise regularly.

- fIn the age group of 65-69 years, over 70% of women are non-smokers.

- There is a declining use of alcohol as women age.

- There is greater awareness of dietary concerns in older women, particularly in regard to fat reduction in diets, and those with higher socio-economic status are most careful in this regard.

This smattering of data is offered as a tease to indicate that there is a great deal available on all possible topics related to aging. Seniors generally feel that they are the most studied group at this time, and likely they are correct, particularly as they have been discovered as a new market for all possible goods and services. Information, in many forms if available, in writing in many languages, on cassette, on film, in person, through requests to most government bodies, and most social agencies and organizations. The need to communicate this information has become a burning concern of everyone who is delivering something to older persons, and attempts are being made to reach, to communicate, to interpret, and to correct information and understanding of what is available, how it is available, to whom, why, who pays, who delivers, and many such questions.

I make a particular point of this, because issues and concerns can only be addressed if there is the capacity to avail oneself of information, and then to communicate opinions and feelings in a two-way or many directional system.

Assuming that the communication system is available, it also necessitates that you are asking the questions, and demanding the answers.

In the endeavour to assure oneself of financial self-sufficiency in old age, it is necessary to know that one has entitlements and responsibilities.

Financial independence in retirement begins with understanding what your needs are or will be, and then assessing your income potential to meet those needs. It is more and more complicated as private pensions change and as governments change programs upon which you may have thought you could rely. As well, taxes affect your income and so, when there is tax change or reform (as some call it), it affects you. As tax is added to consumer goods, it affects you. As social housing becomes available, as universal programs such as pensions and health are changed, as your community makes services available either through government or private agencies, as transportation becomes subsidized, as pharmacare is extended or controlled, as generic drugs are allowed, as families do or do not contribute to seniors income by provision of (holiday) funds or free rent, your financial independence and security will be affected.
There are basics in income which most feel will be there when retirement is arranged. There is Old Age Security, Guaranteed Income Supplements (means tested), Provincial Supplements (also means tested), savings, assets (houses, private pensions, investments, Registered Retirement Savings Plans), Canada Pension Plan (if you have worked and are or were eligible), rent stabilization, insurance, and salaries (you have no mandatory retirement age in Manitoba, so can work until fired). There is Spousal Allowance for women who have, or had husbands over 65 years of age. This is not available for single, divorced, separate, or women widowed before their husbands were 65 years of age. There is whatever is allowed in survivors benefits, if your husband had a pension program at work from CPP.
These direct income <u>options</u> are being added to almost daily by various institutions who are attempting to sell financial programs to retired or retiring persons. Banks have special programs for those over 65. Finance institutions have special offers. You will begin to hear of reverse mortgages, and other opportunities to use your assets while you are alive, to provide for yourself

with the assets you have, in a way that will allow you to have the quality of life you wish, and payment will be made out of your assets after your death. This, of course, means that you must plan your inheritances carefully, looking after yourself first. All this demands that you become knowledgeable about your options.

All of the above are complemented by the various services and programs which are available to seniors in your community. Is there subsidized or social housing? Are there seniors centres or senior clubs? They are likely available at low cost. Are there senior travel programs? They provide wonderful deals to see the world. Is there a seniors' bus? Is it subsidized? Do your restaurants have special meal prices for seniors? Theatres and movies provide special seniors' rates. There are many options for seniors to augment their ability to stretch their dollars by seeking out "specials".

Let me repeat the message about communication in regard to all these programs. Information must get to you because, though some are visible where you are, many have to be applied for, and require some action on your part.

The key words to remember while discussing financial concerns are: independence, need, budget, entitlements, pension, supplements, security, planning, programs, services, communication. These words should enter into your discussions today more than once.

Later today you will get into the specific programs which I have mentioned and details will be available to you. I would like to recommend to you a document which is becoming available this month entitled "A Pension Primer". It is published by the National Council of Welfare and could be used as a resource document in your planning.

What does all this list of pension, etc. mean to you? Obviously, you are going to need to know about all of them, and your opportunities to use them. What does that mean to you? It points out the necessity for you to take a very assertive stand about your welfare. You must ask the questions, so that you can plan your retirement to meet your needs. The combination of all this information will point out to you the necessity to save, to seek advice and counsel, and to advocate for your wishes. The combination of all this information will enable you to establish your "in retirement budget".

And now, what about health and well-being...
To link it directly to financial security, it is a fact that those with more money, and greater opportunities, are more likely to utilize the health system to meet their needs, and to have access to knowledge of the information and personnel to service themselves. They are generally healthier.

In health, or well-being, there are three fundamental issues which should be considered: self, family and social network, and community services, whether provided by private auspices or by government agencies.

In referring to self, I remind you that you are the one who raises the fork (with whatever is on it) to your mouth. Likely, you are the one who does the cooking as well. Do you use butter? Do you use fried foods? Eggs? Sweets? Are you over or under weight? In this society, you are likely as well responsible for feeding others. Do you follow a dietary plan? How is the fruit and vegetable utilization in comparison to the protein/starch utilization? Do you smoke? How much alcohol do you consume?

Also, you are the one who can arrange to be part of an exercise or physical fitness program. You can do that in a group, in almost every community in Canada these days, or alone in front of you television, depending on your comfort in exposing yourself in public. These fitness programs can be as strenuous or as unstrenuous as you please, walking, moving your feet and hands while seated, relaxing and tensing your shoulders, wiggling your fingers... all these are appropriate exercise to some and must be considered with the greatest seriousness. Your capacity to contribute to and maintain your physical well-being, your fitness, can make considerable differences in your outlook towards yourself and toward the conditions of your life. Often, those partially incapable of some activities, are still able to undertake fitness and exercise that contribute to your well-being.

You are the one to decide about medical care for yourself. Do you use, over use or under use the health system? Do you take medication? Do you know why? Does the doctor know how much you take?

As well as physical health, your mental health must be nurtured. It requires the same consideration as your physical health and changed feelings or behaviour demands care and attention. Your mental health can carry you through, even after many physical changes have taken place.

In regard to the above, it is also important to contribute to, or create, stimulating opportunities for continued development and growth. You, at whatever age, learn and are excited by learning. In retirement there is a decided advantage in having time to pursue or to initiate activities and to open new opportunities to learn.

It is significant that data are maintained about isolation and loneliness as being factors which contribute to illness. There is a need to keep up social contacts, and where possible, establish new ones. There is a need to continue to rub against others, physically, intellectually, emotionally, organizationally, politically. There is an electricity that charges you in having to be with people, even some of the time.

And, of course, there is only so much we can do for ourselves, and then we must rely on the network of family and friends to help us. That network is not available to all, but ones network is always broader than assumed at first thought. Sure, it's great to have husband, children, brothers, sisters, aunts, etc. around us. We help them (as we always have) and they help us. There are often both designated activities (whose turn is it to have Christmas dinner at their house), and assumed activities (who brings Aunt Helen soup when she has flu). In the broader network, there is also the paper boy, the mail man (who has changed light bulbs for me), the gas man, co-workers and all the neighbours who directly or indirectly keep an eye on you, the same way as you keep an eye on them. Neighbourhood Watch has formalized that idea, but you and I know it has been around for a long time, and was just called neighbourliness and sometime, snooping. This is a valuable part of your network, and along with family, can contribute for a long time to maintaining your independence and self-sufficiency.

A hard thing to accept is the fact that family cannot always come to your help. The modern family is scattered. In modern families, the role of women as co-wage earners raises a significant amount of the family income, and consequently, many, usually women, are not available to provide assistance on demand as they often were in the past.
This reinforces the need for community services to be available, accessible, appropriate, efficient, and affective (many of these you would not necessarily expect of your network, but

would demand of a community service). All the services which I listed earlier should be in your community, and you should be reviewing their capacity to meet your needs.

You also have entitlements in the area of well-being and health. Canada has an exemplary health care system, so there are doctors, hospitals, advanced technology, and therapies which are yours. In Manitoba, there is also a coordinated community support system, which entitles you, upon assessment, to a long list of services and programs which can be delivered to your home. Each community has, as well, a variety of private, non-profit programs, and services, many of which are designed specifically for seniors. The Rotary Club, the Legions, the Women's Institutes, the churches, the Kiwanis, the Lions, the cultural organizations... the list is endless of options which are provided for seniors.
Information on services is readily available through the Manitoba Council on Aging which publishes and distributes the Manitoba Senior Citizens' Handbook. The Manitoba Society of Seniors publishes a monthly newspaper, full of articles and information, and periodically make available resource material such as their newest publication entitled Elder Abuse, The Hidden Scourge, which was written by Marguerite Chown. Creative Retirement advertise their programs in the public press, ethic newspapers, and seniors' newsletters and bulletins.

Also, we must never forget that there is a number, or percentage, of us who will require intense assistance. These persons must have availability to them, both the institutional and the community options which meet their needs. As well, these institutions must be equipped to provide services in a manner that assures continued regard for dignity of individuals, and appropriateness of service style, taking into consideration the variety of people we are, culturally, ethnically, linguistically, etc., etc.

Here, again, I return to the word Communication... All the above is somewhere in the community. Do you know where? Do they have a newsletter? How does the word get around?

The key words to remember while discussing health or well-being are: independence, responsibility, fitness, availability and access of services, appropriateness, dignity, standards, and communication.

I have addressed both health and financial security as a general way, leaving you with the need to specify your own interests, both to yourselves and to your group, so that others can learn from you.

So what is to be expected? Now what?

The situation, as I have described it, is clearly a partnership between you, your community and its organizations, and the institutions which are provided to serve you. No single unit can be totally independent. There should really be an interdependence which you are striving for. You cannot meet all of your needs by yourself. You have always utilized the systems that exist... family, friends, agencies, churches. You have, directly or indirectly, been an influence on how the organizations and institutions in your community serves the people. You have always used the government services and programs. You may have to become more directly involved than before, because now it may affect you most directly. The government and its agencies, our biggest institution, cannot provide everything. They are a partner in serving, not a parent to everyone.
Governments, institutions, and organizations require your input, interest, and involvement in order to meet your needs in the manner in which you think is right. That requires you to become

activist... which does not mean marching with a placard (unless you want to), but does mean voting, asking your candidate questions about things which concern you, insisting that your members, at whatever level of government, do really represent your interests, making sure that they know what you think.

Your well-being also depends on the communication between you and those individuals, systems, and governments, to keep you and them aware of where you are right now, and informed about the fact that you are part of a changing aging population and they must change along with you.

It is obvious that a great deal of your well-being, generally, depends upon you, both in the sense that you must take care of yourself, and in the sense that you must be actively concerned about the issues that affect your ability to take care of yourself in retirement. I know this is a particularly difficult task at this time. There are restraints everywhere, there is de-indexing of your tax credits, there is new drug legislation, there is the clawback, there is the new goods and service tax, there seems to be less transfer payment and that could mean less services, the resources in community services do not seem to stretch to meet as many needs as you would like... The list is long, I know.

But I have described an interrelated system involving income and well-being. Your discussion today will flesh out some of the issues. The specifics are for you to fill in. The general principles are clear. The key words are there for discussion. There must be an effort by you to look after your interests, and then along with the other resources in your communities, in Manitoba and in Canada, options for optimum quality of life, considering whatever limits can become more evident.

In order for it to work for you, it demands that you (actively), your network (willingly), your services (flexibly, responsibly and responsively), develop a good communication system between you. That partnership should equip you to move with satisfaction through midlife and beyond.

APPENDIX 3

Suggested Questions for Discussion

WOMEN: MIDLIFE AND BEYOND
PROVINCIAL CONFERENCE

Suggested Questions for Discussion

Economic Self-Sufficiency

For Discussion Leaders:

The term of Economic Self-Sufficiency refers to the means of living - being able to earn, to use and to have enough income.

For Discussion:

Issue 1 **Meaning of Economic Self-Sufficiency**

Question: **What does financial independence mean to you?**

- What demonstrates economic self-sufficiency?
- Does having a job for pay demonstrate self-sufficiency?
- Do having credit cards, bank/chequing accounts demonstrate economic self-sufficiency?
- Does being able to save money every month demonstrate economic self-sufficiency?
- Does the ability to look after ones own finances demonstrate economic self-sufficiency?
- What do you need that you cannot afford?
- Do you feel economically secure about your future?
- Can you feel self-sufficient if you are dependent on family financial support?

Issue 2 **Access to Sufficient Income**

Question: **Do you have a sufficient and secure income?**

- Can you identify people in the community who do not seem to have enough money to live on?
- In general, what is the main source of income for older women?
- Do you think poverty is a problem among elderly women?
- Where would you go if you need financial assistance?
- Can you afford to eat the food that is nutritious and that you want to eat?
- Can you afford the health care that you need (including the cost of glasses, hearing aid, prescriptions, teeth, foot care, etc.)?
- Are there rural-urban differences in ability to secure adequate income?
- How can poverty be prevented?

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Issue 3 **Knowledge of Entitlement to Income**

Question: **Do you know what financial resources are available to you?**

- What financial resources are available to older women?
- Do most people take advantage of what is available?
- Do you know how to obtain financial supports?
- Do you know that you can receive the Guaranteed Income Supplement if you need it?
- Do you receive a pension through the Canada Pension Plan?
- Do you receive other types of income?

Issue 4 **Needs for Feeling Self-Sufficient**

Question: **What kinds of things limit you from feeling financially independent?**

- Would you like to have a job for pay?
- What kind of training would enable you to get the kind of work you would like to do?
- Is there a problem for older women with limited incomes to find suitable housing?
- Is there enough affordable recreation?
- How can women make financial plans for their senior years if they have not worked out of the home?
- Is mobility restricted because of the cost, or because of other transportation limitations?
- What kinds of benefits do you think are most necessary:
  - money?
  - services?
- Can you suggest what women can do to reach a feeling of self-sufficiency?

WOMEN: MIDLIFE AND BEYOND

PROVINCIAL CONFERENCE

Suggested Questions for Discussion

Needs to Ensure Wellness

Issue 1: **Responsibility for One's Own Wellbeing**

Question: **What does "taking care of your own health" mean to you?**

- Do you think there is information available in the community to help you stay as healthy as you can?
- Are seniors keeping up to date on health issues?
- Do you think you have any control over your health?
- Do you have a doctor that you see on a regular basis?
- Are you happy with your doctor and the medical attention you are receiving?
- Do you feel you can question your doctor if you disagree with a diagnosis or treatment?
- Do you think people don't go to see doctors as often as they should? Too often?
- Do you buy medicine at the store that is not prescribed by your doctor, and if so, do you keep your doctor informed about what you are taking?
- Do you consider eye drops, antacids, ear drops, and laxatives to be drugs?
- Are you taking any medication now that you have been taking for years and the druggist keeps refilling for you?
- Do you take something to help you sleep?

Issue 2: **Knowledge About Your Own Body and Its Functions**

Question: **Do you understand your body and how it is aging?**

- Is proper nutrition something that you are concerned about?
- Do you think it is important to get exercise?
- What are some of the specific health concerns of seniors?
- What do you know about Osteoporosis? Arthritis?
- Do you think it is natural for older people to become inactive and stop doing the things they always did?
- Do you believe your health is not as good as it used to be?
- Do you think your memory is not as good as it used to be?
- Do you have particular worries about your health?

Issues 3&4: Support Systems (Personal: Family, Friends, etc.)

Question: Is there someone you feel close to, such as family, friends, neighbors, that you can call on for help?

Are you called on to help others?

- Can you identify people who do not seem to have any contact with others?
- Are you living alone, or with someone else?
- Who do you depend on when you need help with something?
- Are you helping or taking care of someone?
- Do you have trouble finding someone to assist you when you need help?
- Do you have children?
- (If yes) Where do they live?
  How often do you want to see your children?
  How often do you see your children?
- Do you have friends and relatives you see at least every week?
- Do you have a phone?
- Do you read newspapers, books, magazines, listen to radio, watch T.V.?
- Do you think loneliness is a problem for seniors? Do you ever feel lonely?

Issue 5: Accessibility and Appropriateness of Health Care and Supportive Services

Question: Are there health services that you use and that you feel comfortable with?

- What kinds of health care (i.e., home care, nursing, etc.) and support services (i.e., home visitors, help with meals, shopping, etc.) are available in your community?
- Do you know any seniors that need health care and/or support services and are not receiving them?
- (If yes) What are the reasons (i.e., language, transportation)?
- Are there cultural reasons that needed services are not being provided?
- What kinds of services are not available that you think could be used in your community?

APPENDIX 4

Conference Program

WOMEN: MIDLIFE AND BEYOND

October 18 & 19, 1989

Holiday Inn South
1330 Pembina Highway
Winnipeg, Manitoba

Sponsored by Manitoba Council on Aging
Manitoba Women's Directorate

Funded by Seniors Independence Program
of Health and Welfare Canada
Manitoba Health

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RECEPTION

October 18, 1989
7:30 - 10:00 p.m.

Portage Room, Holiday Inn

Mistress of Ceremonies - Win Lindsay

Entertainment - Seniors Philharmonica Band
Nellie McClung Theatre Group

CONFERENCE AGENDA

October 19, 1989

8:30 a.m. **REGISTRATION**

9:00 a.m. **PLENARY** - Portage Room

OPENING REMARKS - Betty Havens
Conference Chairperson

WELCOME TO FRENCH SPEAKING DELEGATES
- Sandra Devon

GREETINGS FROM THE PROVINCE
Honourable Donald Orchard
Minister of Health

Introduction - Agnes MacDonald

KEYNOTE ADDRESS - Yhetta Gold

Introduction - Doris Mae Oulton

10:00 a.m. **CONCURRENT GROUP SESSIONS - FINANCIAL SELF SUFFICIENCY**

Red Group - Portage Room
Green Group - Falcon Room
Blue Group - Gander Room
Black Group - Heron Room

12:00 noon **PLENARY** - Portage Room

FINANCIAL SELF SUFFICIENCY ISSUES

Joanne Moffat — Jeanette Block

Elsie Ferguson — Dorothy Hill

Chairperson - Betty Havens

12:30 p.m. **BREAK**

1:00 p.m. **LUNCHEON** - Portage Room

2:00 p.m. **CONCURRENT GROUP SESSIONS - HEALTH**

Red Group - Portage Room
Green Group - Falcon Room
Blue Group - Gander Room
Black Group - Heron Room

4:00 p.m. **PLENARY** - Portage Room

HEALTH ISSUES

Joanne Moffatt — Jeanette Block

Elsie Ferguson — Dorothy Hill

Chairperson - Betty Havens

4:30 p.m. **CLOSING REMARKS** - Betty Havens
Sandra Devon

Program Participants

Yhetta M. Gold - Consultant on Gerontology and Housing; Director, Social and Research Programs, B.G. Housing Consultants; Consultant, One Voice Seniors' Network; Former President, National Advisory Council on Aging; Former Executive Director, Age and Opportunity Centre.

Donald W. Orchard - Minister of Health for the Province of Manitoba; MLA for the Pembina Constituency, first elected in 1977.

Betty Havens - Provincial Gerontologist, Manitoba Health.

Win Lindsay - Life Enrichment Consultant; Retired Consultant, Long Term Care Programs, Manitoba Health Services Commission.

Doris Mae Oulton - Executive Director, Manitoba Women's Directorate.

Sandra Devon - Senior Policy Analyst, Manitoba Women's Directorate.

Agnes MacDonald - Chairperson, Manitoba Council on Aging; Retired Principal, Elmwood High School.

Group Discussion Leaders:

Joanne Moffatt - Retirement Planning Coordinator, Age and Opportunity Centre; Sessional Lecturer, University of Manitoba, Faculty of Social Work.

Elsie Ferguson - Personal and Family Counsellor; Retired Executive Director, YWCA.

Jeanette Block - Adjunct Professor, University of Manitoba, Faculty of Social Work.

Dorothy Hill - Policy Analyst, Manitoba Women's Directorate

Recorders:

Beverly Kyle
Irene Muzyka
Jennifer Cooper
Wendy Brown
Janice Lucek
Betje Jacobs
Edith Young

APPENDIX 5

Evaluation Form

WOMEN: MIDLIFE AND BEYOND CONFERENCE
OCTOBER 19TH, 1989
EVALUATION

1. Were you satisfied that you were able to express your concerns and the concerns of the women you represent, during the session on ECONOMIC SELF-SUFFICIENCY?

NOT AT ALL SATISFIED				VERY SATISFIED
1	2	3	4	5

2. How well did the morning session on ECONOMIC SELF-SUFFICIENCY assist you to learn about the concerns of others?

NOT AT ALL WELL				VERY WELL
1	2	3	4	5

3. How useful was the morning session on ECONOMIC SELF-SUFFICIENCY in finding ways in which women and community groups may take action on their own behalf?

NOT AT ALL USEFUL				VERY USEFUL
1	2	3	4	5

4. Were you satisfied that you were able to express your concerns and the concerns of the women you represent, during the afternoon workshop on HEALTH?

NOT AT ALL SATISFIED				VERY SATISFIED
1	2	3	4	5

5. How well did the afternoon session on HEALTH assist you to learn about the concerns of others?

NOT AT ALL WELL				VERY WELL
1	2	3	4	5

6. How useful was the afternoon session on HEALTH in finding ways in which women and community groups may take action on their own behalf?

NOT AT ALL USEFUL				VERY USEFUL
1	2	3	4	5

7. Overall, how would you rate the conference in meeting the following goals? (CIRCLE A RESPONSE FOR EACH)

	VERY POOR				VERY GOOD
Opportunity to meet other women	1	2	3	4	5
Feeling involved	1	2	3	4	5